

<i>SERFF Tracking Number:</i>	<i>IASL-126824519</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>46859</i>
<i>Company Tracking Number:</i>	<i>SM MS RI AR</i>		
<i>TOI:</i>	<i>MS06 Medicare Supplement - Other</i>	<i>Sub-TOI:</i>	<i>MS06.000 Medicare Supplement - Other</i>
<i>Product Name:</i>	<i>State Mutual Insurance Company Individual A&H Rate Filing Medicare Supplement Standardized and Select Plans</i>		
<i>Project Name/Number:</i>	<i>SM MS RI AR/</i>		

Filing at a Glance

Company: State Mutual Insurance Company		
Product Name: State Mutual Insurance Company Individual A&H Rate Filing Medicare Supplement Standardized and Select Plans	SERFF Tr Num: IASL-126824519	State: Arkansas
TOI: MS06 Medicare Supplement - Other	SERFF Status: Closed-Approved-Closed	State Tr Num: 46859
Sub-TOI: MS06.000 Medicare Supplement - Other	Co Tr Num: SM MS RI AR	State Status: Approved-Closed
Filing Type: Rate	Author: Courtney Crocker	Reviewer(s): Stephanie Fowler
	Date Submitted: 09/21/2010	Disposition Date: 10/13/2010
		Disposition Status: Approved-Closed
Implementation Date Requested: 01/01/2011		Implementation Date: 01/01/2011
State Filing Description:		

General Information

Project Name: SM MS RI AR	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact: 9%	Group Market Type:
Filing Status Changed: 10/13/2010	Explanation for Other Group Market Type:
	State Status Changed: 10/13/2010
Deemer Date:	Created By: Courtney Crocker
Submitted By: Courtney Crocker	Corresponding Filing Tracking Number:
Filing Description:	
State Mutual Insurance Company Individual A&H Rate Filing Medicare Supplement Standardized and Select Plans	
Form Numbers: MEDSUP-(AR)-A-01 – Plan A; MEDSUP-(AR)-B-01 – Plan B; MEDSUP-(AR)-C-01 – Plan C; MEDSUP-(AR)-D-01 – Plan D; MEDSUP-(AR)-F-01 – Plan F; MSEL (AR) B-01 – Select Plan B; MSEL (AR) C-01 – Select Plan C; MSEL (AR) D-01 – Select Plan D; MSEL (AR) F-01 – Select Plan F	

SERFF Tracking Number: IASL-126824519 State: Arkansas
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Company Tracking Number: SM MS RI AR
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: State Mutual Insurance Company Individual A&H Rate Filing Medicare Supplement Standardized and Select Plans
Project Name/Number: SM MS RI AR/
Rate increase requested: 9.0%

Filing pending approval in Domicile State of Georgia

Company and Contact

Filing Contact Information

Courtney Crocker, Compliance Analyst courtney.crocker@iasadmin.com
8545 126th Avenue North 727-584-0007 [Phone] 2192 [Ext]
Suite 200 727-584-5613 [FAX]
Largo, FL 33773-1502

Filing Company Information

(This filing was made by a third party - insuranceadministrativesolutions)

State Mutual Insurance Company	CoCode: 69132	State of Domicile: Georgia
One State Mutual Drive	Group Code: 986	Company Type:
Rome, GA 30165	Group Name:	State ID Number:
(706) 291-1054 ext. [Phone]	FEIN Number: 58-1449898	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$450.00
Retaliatory?	No
Fee Explanation:	rates for 9 plans @\$50 per plan
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Mutual Insurance Company	\$450.00	09/21/2010	39712163

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	10/13/2010	10/13/2010

SERFF Tracking Number: IASL-126824519 State: Arkansas

Filing Company: State Mutual Insurance Company State Tracking Number: 46859

Company Tracking Number: SM MS RI AR

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Product Name: State Mutual Insurance Company Individual A&H Rate Filing Medicare Supplement Standardized and Select Plans

Project Name/Number: SM MS RI AR/

Disposition

Disposition Date: 10/13/2010

Implementation Date: 01/01/2011

Status: Approved-Closed

Comment: The requested rate increase has been approved to be implemented on or after January 1, 2011. This approval is subject to the following:

- Increases will not be given more frequently than once in a twelve-month period;
- The insured shall be notified by the insurer of its intention to increase the rate for renewal not less than thirty (30) days prior to the effective date of the renewal.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
State Mutual Insurance Company	9.000%	9.000%	\$28,345	64	\$314,948	9.000%	9.000%

SERFF Tracking Number:	IASL-126824519	State:	Arkansas
Filing Company:	State Mutual Insurance Company	State Tracking Number:	46859
Company Tracking Number:	SM MS RI AR		
TOI:	MS06 Medicare Supplement - Other	Sub-TOI:	MS06.000 Medicare Supplement - Other
Product Name:	State Mutual Insurance Company Individual A&H Rate Filing Medicare Supplement Standardized and Select Plans		
Project Name/Number:	SM MS RI AR/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved	No
Supporting Document	Third Party Authorization Letter	Accepted for	Yes
		Informational Purposes	
Rate	Rate Pages	Approved	Yes

SERFF Tracking Number:	IASL-126824519	State:	Arkansas
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Product Name:	State Mutual Insurance Company Individual A&H Rate Filing Medicare Supplement Standardized and Select Plans		
Project Name/Number:	SM MS RI AR/		

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	9.000%
Effective Date of Last Rate Revision:	01/01/2010
Filing Method of Last Filing:	SERFF

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
State Mutual Insurance Company	9.000%	9.000%	\$28,345	64	\$314,948	9.000%	9.000%

SERFF Tracking Number: IASL-126824519 State: Arkansas
Filing Company: State Mutual Insurance Company State Tracking Number: 46859
Company Tracking Number: SM MS RI AR
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: State Mutual Insurance Company Individual A&H Rate Filing Medicare Supplement Standardized and Select Plans
Project Name/Number: SM MS RI AR/

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action: Action:*	Rate Action Information:	Attachments
Approved 10/13/2010	Rate Pages	MEDSUP-A(AR)- Revised A-01, MEDSUP-(AR)-B-01, MEDSUP-(AR)-C-01, MEDSUP-(AR)-D-01, MEDSUP-(AR)-F-01, MSEL (AR) B-01, MSEL (AR) C-01, MSEL (AR) D-01, MSEL (AR) F-01		Previous State Filing Number: 43399 Percent Rate Change Request: 9.000	AR Rates.pdf

STATE MUTUAL INSURANCE COMPANY
STANDARD MEDICARE SUPPLEMENT ANNUAL PREMIUM RATES

CURRENT ANNUAL BASE RATES

Age	STANDARD PLAN A		STANDARD PLAN B		STANDARD PLAN C		STANDARD PLAN D		STANDARD PLAN F	
	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard
All	3,710	4,028	4,114	4,466	5,062	5,477	4,545	4,940	4,942	5,417

Area Factors

3-Digit Zip Code	Factor
720-722	1.10
Rest of State	1.00

Modal Factors

Mode	Factor
Annual	1.0000
Semi-Annual	0.5250
Quarterly	0.2625
Monthly	0.0875

ZIP CODES 720-722

Mode	STANDARD PLAN A		STANDARD PLAN B		STANDARD PLAN C		STANDARD PLAN D		STANDARD PLAN F	
	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard
Annual	4,081.00	4,431.00	4,525.00	4,913.00	5,568.00	6,025.00	5,000.00	5,434.00	5,436.00	5,959.00
Semi-Annual	2,142.53	2,326.28	2,375.63	2,579.33	2,923.20	3,163.13	2,625.00	2,852.85	2,853.90	3,128.48
Quarterly	1,071.26	1,163.14	1,187.81	1,289.66	1,461.60	1,581.56	1,312.50	1,426.43	1,426.95	1,564.24
Monthly	357.09	387.71	395.94	429.89	487.20	527.19	437.50	475.48	475.65	521.41

ZIP CODES EXCEPT 720-722

Mode	STANDARD PLAN A		STANDARD PLAN B		STANDARD PLAN C		STANDARD PLAN D		STANDARD PLAN F	
	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard
Annual	3,710.00	4,028.00	4,114.00	4,466.00	5,062.00	5,477.00	4,545.00	4,940.00	4,942.00	5,417.00
Semi-Annual	1,947.75	2,114.70	2,159.85	2,344.65	2,657.55	2,875.43	2,386.13	2,593.50	2,594.55	2,843.93
Quarterly	973.88	1,057.35	1,079.93	1,172.33	1,328.78	1,437.71	1,193.06	1,296.75	1,297.28	1,421.96
Monthly	324.63	352.45	359.98	390.78	442.93	479.24	397.69	432.25	432.43	473.99

STATE MUTUAL INSURANCE COMPANY
SELECT MEDICARE SUPPLEMENT ANNUAL PREMIUM RATES

CURRENT ANNUAL BASE RATES

Age	SELECT PLAN B		SELECT PLAN C		SELECT PLAN D		SELECT PLAN F	
	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard
All	3,202	3,479	4,050	4,381	3,539	3,849	3,951	4,333

Area Factors

3-Digit Zip Code	Factor
720-722	1.10
Rest of State	1.00

Modal Factors

Mode	Factor
Annual	1.0000
Semi-Annual	0.5250
Quarterly	0.2625
Monthly	0.0875

ZIP CODES 720-722

Mode	SELECT PLAN B		SELECT PLAN C		SELECT PLAN D		SELECT PLAN F	
	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard
Annual	3,522.00	3,827.00	4,455.00	4,819.00	3,893.00	4,234.00	4,346.00	4,766.00
Semi-Annual	1,849.05	2,009.18	2,338.88	2,529.98	2,043.83	2,222.85	2,281.65	2,502.15
Quarterly	924.53	1,004.59	1,169.44	1,264.99	1,021.91	1,111.43	1,140.83	1,251.08
Monthly	308.18	334.86	389.81	421.66	340.64	370.48	380.28	417.03

ZIP CODES EXCEPT 720-722

Mode	SELECT PLAN B		SELECT PLAN C		SELECT PLAN D		SELECT PLAN F	
	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard
Annual	3,202.00	3,479.00	4,050.00	4,381.00	3,539.00	3,849.00	3,951.00	4,333.00
Semi-Annual	1,681.05	1,826.48	2,126.25	2,300.03	1,857.98	2,020.73	2,074.28	2,274.83
Quarterly	840.53	913.24	1,063.13	1,150.01	928.99	1,010.36	1,037.14	1,137.41
Monthly	280.18	304.41	354.38	383.34	309.66	336.79	345.71	379.14

STATE MUTUAL INSURANCE COMPANY
STANDARD MEDICARE SUPPLEMENT ANNUAL PREMIUM RATES

PROPOSED ANNUAL BASE RATES

Age	STANDARD PLAN A		STANDARD PLAN B		STANDARD PLAN C		STANDARD PLAN D		STANDARD PLAN F	
	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard
All	4,044	4,391	4,484	4,868	5,518	5,970	4,954	5,385	5,387	5,905

Area Factors

3-Digit Zip Code	Factor
720-722	1.10
Rest of State	1.00

Modal Factors

Mode	Factor
Annual	1.0000
Semi-Annual	0.5250
Quarterly	0.2625
Monthly	0.0875

ZIP CODES 720-722

Mode	STANDARD PLAN A		STANDARD PLAN B		STANDARD PLAN C		STANDARD PLAN D		STANDARD PLAN F	
	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard
Annual	4,448.00	4,830.00	4,932.00	5,355.00	6,070.00	6,567.00	5,449.00	5,924.00	5,926.00	6,496.00
Semi-Annual	2,335.20	2,535.75	2,589.30	2,811.38	3,186.75	3,447.68	2,860.73	3,110.10	3,111.15	3,410.40
Quarterly	1,167.60	1,267.88	1,294.65	1,405.69	1,593.38	1,723.84	1,430.36	1,555.05	1,555.58	1,705.20
Monthly	389.20	422.63	431.55	468.56	531.13	574.61	476.79	518.35	518.53	568.40

ZIP CODES EXCEPT 720-722

Mode	STANDARD PLAN A		STANDARD PLAN B		STANDARD PLAN C		STANDARD PLAN D		STANDARD PLAN F	
	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard
Annual	4,044.00	4,391.00	4,484.00	4,868.00	5,518.00	5,970.00	4,954.00	5,385.00	5,387.00	5,905.00
Semi-Annual	2,123.10	2,305.28	2,354.10	2,555.70	2,896.95	3,134.25	2,600.85	2,827.13	2,828.18	3,100.13
Quarterly	1,061.55	1,152.64	1,177.05	1,277.85	1,448.48	1,567.13	1,300.43	1,413.56	1,414.09	1,550.06
Monthly	353.85	384.21	392.35	425.95	482.83	522.38	433.48	471.19	471.36	516.69

STATE MUTUAL INSURANCE COMPANY
SELECT MEDICARE SUPPLEMENT ANNUAL PREMIUM RATES

PROPOSED ANNUAL BASE RATES

Age	SELECT PLAN B		SELECT PLAN C		SELECT PLAN D		SELECT PLAN F	
	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard
All	3,490	3,792	4,415	4,775	3,858	4,195	4,307	4,723

Area Factors

3-Digit Zip Code	Factor
720-722	1.10
Rest of State	1.00

Modal Factors

Mode	Factor
Annual	1.0000
Semi-Annual	0.5250
Quarterly	0.2625
Monthly	0.0875

ZIP CODES 720-722

Mode	SELECT PLAN B		SELECT PLAN C		SELECT PLAN D		SELECT PLAN F	
	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard
Annual	3,839.00	4,171.00	4,857.00	5,253.00	4,244.00	4,615.00	4,738.00	5,195.00
Semi-Annual	2,015.48	2,189.78	2,549.93	2,757.83	2,228.10	2,422.88	2,487.45	2,727.38
Quarterly	1,007.74	1,094.89	1,274.96	1,378.91	1,114.05	1,211.44	1,243.73	1,363.69
Monthly	335.91	364.96	424.99	459.64	371.35	403.81	414.58	454.56

ZIP CODES EXCEPT 720-722

Mode	SELECT PLAN B		SELECT PLAN C		SELECT PLAN D		SELECT PLAN F	
	Preferred	Standard	Preferred	Standard	Preferred	Standard	Preferred	Standard
Annual	3,490.00	3,792.00	4,415.00	4,775.00	3,858.00	4,195.00	4,307.00	4,723.00
Semi-Annual	1,832.25	1,990.80	2,317.88	2,506.88	2,025.45	2,202.38	2,261.18	2,479.58
Quarterly	916.13	995.40	1,158.94	1,253.44	1,012.73	1,101.19	1,130.59	1,239.79
Monthly	305.38	331.80	386.31	417.81	337.58	367.06	376.86	413.26

<i>SERFF Tracking Number:</i>	<i>IASL-126824519</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>SM MS RI AR</i>		
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<i>Project Name/Number:</i>	<i>SM MS RI AR/</i>		

Supporting Document Schedules

	Item Status:	Status
Satisfied - Item: Third Party Authorization Letter	Accepted for Informational Purposes	Date: 10/13/2010
Comments: Authorization Letter		
Attachment: 2010 03 SM IAS Authorization Letter.pdf		



OFFICE: 1-877-872-5500 (TOLL-FREE)
FAX: 1-727-373-4575

March 5, 2010

Ms. Darcey Shaffer, FLMI, ACS
Compliance Manager
Insurance Administrative Solutions, L.L.C.
8545 126th Avenue North, Suite 200
Largo, Florida 33773-1502

Re: Life and Health Filings for Rate Increases, Forms and Reporting Requirements for
State Mutual Insurance Company

Dear Ms. Shaffer:

This letter authorizes Insurance Administrative Solutions, L.L.C. to file on behalf of State Mutual Insurance Company, rate increases, forms and reporting requirements for the Company's Life and Health Insurance Policies with the State Insurance Departments. Insurance Administrative Solutions, L.L.C. may correspond with the State Insurance Departments regarding any questions they may have concerning the filings.

A copy of this letter is as valid as the original. This authorization will be valid for twelve months from the date of this letter.

Sincerely,

A handwritten signature in blue ink, reading 'Rick A. Gordon'.

Rick A. Gordon
Executive Vice President